

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	/						51	
2	/						52	
3	/						53	
4	/						54	
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44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	6						TOTAL IND.	
TOTAL DEP.	34	↔	↔	↔			TOTAL DEP.	↔
TOTAL CLAIMS	30	████	████	████	████		TOTAL CLAIMS	████

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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